LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period 07/01/2010 to 06/30/2011

1. Name of Labor Compliance Program (LCP): Orinda Union School District—RGM and Associates—Administering Third Party Labor Compliance Program.						
2. LCP I.D. Number (assigned by DIR): 2003.00060	3. Date of Initial Approval: March 18, 2003					
*	(Converted to "approved without expiration date" June 10, 2009)					
4. Contact person (include name, title, address, telephone, fax, and e-ma	iil, if available):					
Ralph J. Caputo, President, CEO, RGM and Associates, 3230 Monu	iment Way, Concord, California, 94518					
Phone – (925) 671-7717 – Fax – (925) 671-7788 – E-mail – rgm@rgmassociates.com						
5. List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP Third Party provider currently has a contract to provide compliance enforcement. If <i>none</i> , please proceed directly to item 7 and provide all requested information. Then complete the information below, and sign and submit this form to DIR, Office of the Director, Attn: LCP Special Assistant, 455 Golden Gate Avenue, 10 th Floor, San Francisco, CA 94102.						
Dublin Unified School District Fort Ross Elementary School District John Swett Unified School District Orinda U	Sequoia Union High School District Sonoma County Office of Education Zone 7 Water Agency Unified School District Unified School District Unified School District					
What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary): NONE						
	aputo, President, CEO S-31-201) Jame and Title Date					

6. LC § 1771.5 enforce A. List projects handle			2	sted, attach	ing as many s	heets as necessar	ry).	2		-
Project Name			Bid Advertisement Date		Prime Contractor			Contract Amount		
NONE										
TOTAL	TOTAL									
B. Summary of all was	ges and penalties	assessed and/	or recovered.							
Project Name Affected Contract (who directly emplower)			Amount Assessed	Amount Recovered	Approva Forfeiture R from La Commissi	equested abor	Description of violation			
NONE	·				,		□Yes	□No		
TOTAL										
C. For any amount ide	ntified in item B	An	nount A	are not requamount	uested from the	e Labor Commis	sioner, please Explan			
NONE										
TOTAL										
		,	1 - 66 - 6 :4	ire was red	wested from the	ne Labor Commi	ssioner, please	e provide th	ne following:	
D. For any amount ide	entified in item B			ure was req				net Deserve	ana d	
D. For any amount ide		Am	ount Assessed				Amo	unt Recove		Total
Project Name	entified in item B LC §1776(g)			Wages	Total	LC § 1776(g)		LC § 181		Total
Project Name NONE		Am	ount Assessed				Amo			Total
Project Name	LC §1776(g)	Am LC § 1775	ount Assessed LC § 1813	Wages			Amo			Total
Project Name NONE TOTAL	LC §1776(g)	Am LC § 1775	ount Assessed LC § 1813 1742 proceeding	Wages gs.			Amo LC § 1775			Total

LCP-AR1

. Did you refer any contractor to the Laber Please check one:	or Commissioner for debarment per LC § 1777.1? ☑ No	
If yes, identify affected contractor(s) or	r subcontractor(s) and date(s) of referral:	
G. Did you refer any apprenticeship violat Please check one: □Yes	tion to the Division of Apprenticeship Standards (DAS)? ☑ No	
If yes, identify affected contractor(s) or	r subcontractor(s) and date(s) of referral:	
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